

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213501399</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>ENLISTED ASSOCIATION OF THE NATIONAL GUARD OF THE UNITED STATES</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>J CASEY FORRESTER</b>  <b>122 S ROYAL ST</b>  <b>ALEXANDRIA, VA 22314</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>ALEXANDRIA CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>MS</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>1/31/2013</b></p> <p>SCC ID NO: <b>F1883885</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED		
CLASS	AUTHORIZED					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 3133 MOUNT VERNON AVE.</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ALEXANDRIA, VA 22305</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: </td> <td style="width: 40%; vertical-align: top;"> JOHN F. HELBERT PRESIDENT 3133 MOUNT VERNON AVE. ALEXANDRIA, VA 22305 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN F. HELBERT PRESIDENT 3133 MOUNT VERNON AVE. ALEXANDRIA, VA 22305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN F. HELBERT PRESIDENT 3133 MOUNT VERNON AVE. ALEXANDRIA, VA 22305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLAUDE P IMAGNA DIRECTOR 3133 MOUNT VERNON AVE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			

NAME:	DANIEL B REILLY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	MICHAEL RICE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	ROBERT C LAINHART	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	MICHAEL ARNOLD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	JOEL MUTSCHLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	DON A WOOD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	KAREN EB ACREE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	DON A MAPES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	MIREYA O CRUZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	JEFFREY J FRISBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		
NAME:	JOHN M HARRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3133 MOUNT VERNON AVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22305		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JESSE WAYLAND DIRECTOR 3133 MOUNT VERNON AVE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RODNEY SPADE DIRECTOR 3133 MOUNT VERNON AVE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANNA L RAYMOND DIRECTOR 3133 MOUNT VERNON AVE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN CRAIG DIRECTOR 3133 MOUNT VERNON AVE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW SCOTT EVANS DIRECTOR 3133 MOUNT VERNON AVE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEAN MILLER DIRECTOR 3133 MOUNT VERNON AVE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER SUBITCH DIRECTOR 3133 MOUNT VERNON AVE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ETHAN TOYAMA DIRECTOR 3133 MOUNT VERNON AVE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW STRAUSS DIRECTOR 3133 MOUNT VERNON AVE ALEXANDRIA, VA 22305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHN F. HELBERT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN F. HELBERT, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/10/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			